



<b>DEPARTMENT:</b> NC DHHS Privacy and Security Office	<b>POLICY NAME:</b> HIPAA Privacy Policies
<b>PAGES</b> 1 of 3	<b>REPLACES POLICY DATED:</b> None
<b>EFFECTIVE DATE:</b>	<b>ORIGINAL EFFECTIVE DATE:</b> 4/14/03
<b>REVISED DATE:</b> 1/6/2020, 5/1/05, 10/9/03 <b>REVIEW DATE:</b> 1/6/2020	<b>APPROVED DATE:</b> 4/13/03
<b>APPROVED BY:</b> (TBD) Pyreddy Reddy, CISO; Sam Gibbs, Deputy Secretary IT Operations	

**PURPOSE:**

The purpose of this policy is to establish the process for developing and implementing specific policies to protect the privacy of individually identifiable health information.

**POLICY:**

In accordance with 45 CFR §164.530(i)(1) of the HIPAA Privacy and Security rule DHHS shall develop policies that are appropriate for its agencies to implement in order to protect the privacy of individually identifiable health information that is created, received, and maintained during its regular course of business. Policies will be reasonably designed to comply with state and federal laws, taking into account the scope of the requirement and the nature of activities undertaken that relates to individually identifiable health information. The Health Insurance Portability Accountability Act (HIPAA) Privacy Rule and Security Rule will be the primary resource for DHHS privacy policies.

**1. Department-wide Policies**

DHHS shall evaluate each privacy policy based primarily on the HIPAA Privacy Rule and Security Rule to determine if the policy should be applied to all agencies within the department regardless of the HIPAA impact. Determination, by the DHHS Office of the Secretary, for a department-wide approach to policy requirements will take into account the most efficient and effective methods for ensuring the protection of individually identifiable health information and equitable client rights, while promoting consistency in the management of health information throughout the department.

The purpose statement in each privacy policy will include a scope statement designating the DHHS agencies that must comply with each policy.

**Division/Office Responsibility**



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It is the responsibility of DHHS agencies to develop procedures for implementing policies for which they must comply. Because agencies conduct their business operations somewhat differently, specific procedures for implementing department privacy policies must be developed at the agency level. Required procedural elements to be addressed by DHHS agencies will be identified by the department.

### **Retention and Disposition**

Policies, procedures, and privacy documentation required by the HIPAA Privacy Rule must be maintained in writing in accordance with the *General Schedule for State Agency Records* issued by the NC Department of Cultural Resources, Division of Archives and History, Archives and Records Section, Government Records Branch.

### **Compliance**

DHHS agencies must comply with the privacy policies developed and implemented according to this process by April 14, 2003. This date represents the compliance date specified in the HIPAA Privacy Rule.

## **2. Administrative Privacy Policy Requirements**

The department shall develop policies that address essential administrative privacy requirements so DHHS agencies will use and/or disclose individually identifiable health information in a confidential and secure manner. All policies shall be located in the *DHHS Policy and Procedure Manual* that is maintained by the Office of the DHHS Secretary. The policies to be developed will address the privacy and security requirements as enforced by the Health Insurance Portability Accountability Act (HIPAA) Privacy Rule, Security Rule, Breach Notification Rule, and other relevant HIPAA rules.

### **Transition Phase**



NC DEPARTMENT OF  
**HEALTH AND  
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The department privacy policies will address transition requirements for authorizations or other express legal permissions used by DHHS agencies. To the extent permitted by the HIPAA Privacy Rule, agencies may grandfather in and rely upon authorizations or other express legal permissions obtained prior to April 14, 2003, to ensure that important functions of the health care system are not impeded. However, authorizations or other express legal permissions made on or after April 14, 2003, must meet the DHHS privacy policy requirements.

### **Policy and Procedure Changes**

The department shall modify, in a prompt manner, its privacy policies as necessary and appropriate to comply with changes in the state and federal law and ongoing business practices. Changes to policies may be made at any time, provided such changes are documented and implemented according to DHHS policy requirements. DHHS offices shall modify, in a prompt manner, their individual privacy procedures to conform to revised department privacy policies.

### **ENFORCEMENT**

*For questions or clarification on any of the information contained in this policy, please contact [DHHS Privacy and Security Office](#). For general questions about department-wide policies and procedures, contact the [DHHS Policy Coordinator](#).*